

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

MONNA CASPER,)	
)	
Claimant,)	IC 04-004177
)	
v.)	
)	ORDER
IDAHO FALLS CARE CENTER,)	
)	
Employer,)	Filed October 20, 2006
)	
and)	
)	
ROYAL INSURANCE COMPANY OF)	
AMERICA,)	
)	
Surety,)	
)	
Defendants.)	
_____)	

Pursuant to Idaho Code § 72-717, Referee Alan Taylor submitted the record in the above-entitled matter, together with his proposed findings of fact and conclusions of law to the members of the Idaho Industrial Commission for their review. Each of the undersigned Commissioners has reviewed the record and the recommendations of the Referee. The Commission concurs with these recommendations. Therefore, the Commission approves, confirms, and adopts the Referee's proposed findings of fact and conclusions of law as its own.

Based upon the foregoing reasons, IT IS HEREBY ORDERED that:

1. Claimant has not proven that her industrial accident of December 25, 2003, caused or aggravated her gynecological condition.

2. Claimant has proven she is entitled to additional medical benefits for treatment of her low back rendered by Dr. Smith, including medications he prescribed, only after September 3, 2004, the time Claimant gave Defendants notice. Claimant is not entitled to medical benefits for any treatment relating to her gynecological condition.

3. Claimant has proven she suffers permanent partial impairment of 8% of the whole person due to her industrial accident. Defendants are entitled to credit for all permanent partial impairment benefits previously paid Claimant.

4. Claimant has not proven she suffers any permanent disability due to her industrial injury in excess of her 8% permanent impairment.

5. Claimant has not proven that she is entitled to attorney's fees for Defendants' denial of medical care.

Pursuant to Idaho Code § 72-718, this decision is final and conclusive as to all issues adjudicated.

DATED this _20th___ day of ___October_____, 2006.

INDUSTRIAL COMMISSION

_____/s/_____
Thomas E. Limbaugh, Chairman

_____/s/_____
James F. Kile, Commissioner

_____/s/_____
R. D. Maynard, Commissioner

ATTEST:

_____/s/_____
Assistant Commission Secretary

CERTIFICATE OF SERVICE

I hereby certify that on the __20th__ day of __October ____, 2006, a true and correct copy of the foregoing **Order** was served by regular United States Mail upon each of the following persons:

MICHAEL R MCBRIDE
1495 E 17TH ST
IDAHO FALLS ID 83404

ERIC S BAILEY
PO BOX 1007
BOISE ID 83701-1007

djb

____/s/_____